7742 W. HIGGINS RD. #C102 CHICAGO, IL 60631

AP1803920

TELEPHONE (847) 720-4787 ANTERNATIVE NUMBER (623)-628-6095

FAX (847) 929-4278



Doc# 1814918049 Fee \$84.00

RHSP FEE: \$9.00 RPRF FEE: \$1.00

KAREN A. YARBROUGH

Authorization to Release Information COOK COUNTY RECORDER OF DEEDS

DATE: 05/29/2018 01:24 PM PG: 1 OF 8

To the undersigned certify the following:

To whom it may concern:

I/We have engaged ALICJA W SROKA & ASSOCIATES, P.C. /Alicja M. Sroka/Madline Joseph/flona Opala to act on our behalf regarding our account.

I/We authorize you to provide "ALICJA M SROKA & ASSOCIATES, P.C./Alicja M. Sroka/Madline Joseph/Ilona Opala" any and all information and documentation that they request. Any request from ALICIA M SROKA & ASSOCIATES, P.C. should be considered the same as a request or demand from the unders' sned.

- 1. A copy of this authorization maybe accepted as an original.
- 2. I/We authorize you to send all correspondence on our b\_half to "ALICJA M SROKA & ASSOCIATES, P.C. Att: Alicja M. Sroka/Madline Joseph/Ilona Opala 7742 W.HIGGINS R.J. #C102. CHICAGO. IL 60631"
- 3. This authorization shall remain in effect until further notice
- I/ We authorize "ALICJA M SROKA & ASSOCIATES, P.C./Ai/cja M. Sroka/Madline Joseph/Ilona Opala." to negotiate a Dollar Refund/Remediation Settlement on our behalf with the lender.

5.	Borrower Name (s):	NTANY	SZ A XI	KOWKL(Z)	<u> </u>	
6.	Address: STOPO	- Wies"	druga	23-100	Bychour.	Toland
7.	Account Number:			4/		
.,		6		ALIGIA MEDO	Z A CCOCIATICO DO	

Failure to comply with the grant of authority or any reasonable request by ALICJA M SROK & ASSOCIATES. P.C.

will result in immediate legal action for legal and equitable remedies, may include a demand for rescussion, and will include a demand for recovery of attorney fees, costs and all out-of-pocket expenses in connection with the review, audit, demand, claim refund or collection of damages.

Wladyslaw Printed Name

Borrowers Signature Social Security Number Date

Printed Name

Doc. BA Rev 3.0

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## **UNOFFICIAL COF**

### ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

1. I, Wladyslaw Kowalczyk, currently residing at 6244 W. Henderson Street, Chicago, Illinois, 60634 (insert name and address of principal) hereby revoke all prior powers of attorney for property executed by me and appoint: Slawomir Kowalaczyk currently residing at 6244 W. Henderson Street, Chicago Illinois, 60634 (insert name and address of agent)

(NOTE: You may not name co-agents using this form.)

as my attorney-in-fact (my "agent") to act for me and in my name (in any way I could act in person) with respect to the following powers, as defined in Section 3-4 of the "Statutory Short Form Power of Attorney for Property Law" (including all amendments), but subject to any limitations on or additions to the specified powers inserted in paragraph 2 or 3 below:

(NOTE: You must stike out any one or more of the following categories of powers you do not want your agent to have. Failure to strike the title of any category will cause the powers described in that category to be granted to the agent. To strike out a category you must draw a line through the title of that caregory.)

- (a) Real estate transactions.
- (b) Financial institution transactions.
- (c) Stock and bond transactions.
- (d) Tangible personal property transactions.
- (e) Safe deposit box transactions.
- (f) Insurance and annuity transactions.
- (g) Retirement plan transactions.
- 304 COUNTY CIEPTS OFFICE (h) Social Security, employment and military service benefits.
- (i) Tax matters.
- (i) Claims and litigation.
- (k) Commodity and option transactions.
- (1) Business operations.
- (m) Borrowing transactions.
- (n) Estate transactions.

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### UNOFFICIAL COPY

#### NOTICE TO AGENT

When you accept the authority granted under this power of attorney a special legal relationship, known as agency, is created between you and the principal. Agency imposes upon you duties that continue until you resign or the power of attorney is terminated or revoked.

### As agent you must:

- (1) do what you know the principal reasonably expects you to do with the principal's property;
- (2) act in good faith for the best interest of the principal, using due care, competence, and diligence;
- (3) keep a complete and detailed record of all receipts, disbursements, and significant actions conducted for the principal;
- (4) attempt to preserve the principal's estate plan, to the extent actually known by the agent, if preserving the plan is consistent with the principal's best interest; and
- (5) cooperate with a person who has authority to make health care decisions for the principal to carry out the principal's reasonable expectations to the extent actually in the principal's best interest.

As agent you must not do any of the following

- (1) act so as to create a conflict of interest hat is inconsistent with the other principles in this Notice to Agent;
  - (2) do any act beyond the authority granted in this power of attorney;
  - (3) commingle the principal's funds with your funds;
  - (4) borrow funds or other property from the principal, unless otherwise authorized;
- (5) continue acting on behalf of the principal if you learn of any event that terminates this power of attorney or your authority under this power of attorney, such as the death of the principal, your legal separation from the principal, or the dissolution of your marriage to the principal.

If you have special skills or expertise, you must use those special skills and expertise when acting for the principal. You must disclose your identity as an agent whenever you act for the principal by wrating or printing the name of the principal and signing your own name "as Agent" in the following manner:

#### "(Principal's Name) by (Your Name) as Agent"

The meaning of the powers granted to you is contained in Section 3-4 of the Illinois Power of Attorney Act, which is incorporated by reference into the body of the power of attorney for property document.

If you violate your duties as agent or act outside the authority granted to you, you may be liable for any damages, including attorney's fees and costs, caused by your violation.

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# **UNOFFICIAL COPY**

State of Illinois	REPUBLIC OF POLAR EMBASSY OF THE UNIT	ED STATES OF AMERICA \ SS
County of Cook	)	
•	• •	ove county and state, certifies that Wladyslaw
-	on to me to be the same person was attorney, appeared before me a	nose name is subscribed as principal to the
		n person and acknowledged signing and
		act of the principal, for the uses and purposes
	and certified to the correctness of	
Dated: 05/:0	2017	
WHI HHAI	Christopher R. Dilwon	the Public .
MANOR	Consul	
My commission e	expires U.S. Embassy - Warsa	N Commission: indefinite
	C	
(NOTE: The nan	ne, address, and phone number o	f the person preparing this form or who
	cipal in completing this form sho	
_		
Document prepare	ed by:	Olympia Clarks
Name: Al	icja M. Sroka & Assoc. P.C.	45.
	42 W Higgins Rd. #C102	
Ch	nicago, IL 60631	
Phone: 84	7-720-4787	
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•		$O_{\mathcal{K}_{\kappa}}$
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### **UNOFFICIAL COPY**

agent if the court finds that this appointment will serve your best interests and welfare. Strike out paragraph 9 if you do not want your agent to act as guardian.)

- 9. If a guardian of my estate (my property) is to be appointed, I nominate the agent acting under this power of attorney as such guardian, to serve without bond or security.
- 10. I am fully informed as to all the contents of this form and understand the full import of this grant of powers to my agent.

(NOTE: This form does not authorize your agent to appear in court for you as an attorney-atlaw or otherwise to engage in the practice of law unless he or she is a licensed attorney who is authorized to practice law in Illinois.)

11. The Notice to Agent is incorporated by reference and included as part of this form.

Dated: 05/30/201)	<u> </u>	
Signed: Nouly112	Kould	(principal)
Wladyslaw F	Zovalczyk	unlace it is signed by

(NOTE: This power of attorney will not be effective unless it is signed by at least one witness and your signature is notarized, a sing the form below. The notary may not also sign as a witness.)

The undersigned witness certifies that <u>Władysław Kowalczyk</u>, known to me to be the same person whose name is subscribed as principal to the foregoing power of attorney, appeared before me and the notary public and acknowledged signing and delivering the instrument as the free and voluntary act of the principal, for the uses and purposes therein set forth. I believe him or her to be of sound mind and memory. The undersigned vitness also certifies that the witness is not: (a) the attending physician or mental health service provider or a relative of the physician or provider; (b) an owner, operator, or relative of an owner or operator of a health care facility in which the principal is a patient or resident; (c) a parent, sibling, descendant, or any spouse of such parent, sibling, or descendant of either the principal or any agent or successor agent under the foregoing power of attorney, whether such relationship is by blood, matriage or adoption; or (d) an agent or successor agent under the foregoing power of attorney.

Dated: _	05/30/2017	
Tec	my Fileson	- Witness
	Jerzy Fijolek	

(NOTE: Illinois requires only one witness, but other jurisdictions may require more than one witness. If you wish to have a second witness, have him or her certify and sign here:)

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## **UNOFFICIAL COPY**

select, but such delegation may be amended or revoked by any agent (including any successor) named by me who is acting under this power of attorney at the time of reference.

(NOTE: Your agent will be entitled to reimbursement for all reasonable expenses incurred in acting under this power of attorney. Strike out paragraph 5 if you do not want your agent to also be entitled to reasonable compensation for services as agent.)

5. My agent shall be entitled to reasonable compensation for services rendered as agent under this power of attorney.

(NOTE: This power of attorney may be amended or revoked by you at any time and in any manner. About amendment or revocation, the authority granted in this power of attorney will become effective at the time this power is signed and will continue until your death, unless a limitation on the beginning date or duration is made by initialing and completing one or both of paragraphs 6 and 7.

 $\checkmark$ 

This power of a torney shall become effective on execution.

(NOTE: Insert a future date creavent during your lifetime, such as a court determination of your disability or a written determination by your physician that you are incapacitated, when you want this power to first take effect.)

7. This power of attorney shall terminate on death.

(NOTE: Insert a future date or event, such as a court determination that you are not under a legal disability or a written determination by your physician that you are not incapacitated, if you want this power to terminate prior to your death.)

(NOTE: If you wish to name one or more successor agents, ir sert the name and address of each successor agent in paragraph 8.)

8. If any agent named by me shall die, become incompetent, resign or refuse to accept the office of agent, I name the following (each to act alone and successively, in the order named) as successor(s) to such agent:

Agata Kowalczyk 8 Greystone Court, Streamwood, Illinois, 60107

For purposes of this paragraph 8, a person shall be considered to be incompetent if and while the person is a minor or an adjudicated incompetent or disabled person or the person is unable to give prompt and intelligent consideration to business matters, as certified by a licensed physician.

(NOTE: If you wish to, you may name your agent as guardian of your estate if a court decides that one should be appointed. To do this, retain paragraph 9, and the court will appoint your

(o) All o	ther prop	erty trans	actions.
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(0) All other property transactions.
(NOTE: Limitations on and additions to the agent's powers may be included in this power of attorney if they are specifically described below.)
2. The powers granted above shall not include the following powers or shall be modified or limited in the following particulars:
(NOTE: Here you may include any specific limitations you deem appropriate, such as a prohibition n conditions on the sale of particular stock or real estate or special rules on borrowing by the agent.)
O/x.
3. In addition to the powers granted above, I grant my agent the following powers:
(NOTE: Here you may add any other delegable powers including, without limitation, power to make gifts, exercise powers of appointment, name or change beneficiaries or joint tenants or revoke or amend any trust specifically referred to below.)
Right to receive disclosure of all of the digital assets, including the content of electronic communications sent or received by me, and a catalogue of electronic communications sent or received by the user and digital assets. I expressly grant the agent authority over the content of any such electronic communications. All such authority shall be as broad as possible under the Revised Uniform Fiduciary Access to Digital Assets Act (2015) (755 ILCS 70/)
· C

(NOTE: Your agent will have authority to employ other persons as necessary to enable the agent to properly exercise the powers granted in this form, but your agent will have to make all discretionary decisions. If you want to give your agent the right to delegate discretionary decision-making powers to others, you should keep paragraph 4, otherwise it should be struck out.)

4. My agent shall have the right by written instrument to delegate any or all of the foregoing powers involving discretionary decision-making to any person or persons whom my agent may

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### **UNOFFICIAL COPY**

Legal Description - PIN: 13-20-317-028-0000

The East 15 feet of Lot 126 and Lot 127 (except the East 7.5 feet thereof) in Dillman Place, a subdivision of the North 1/2 (except the South 10 acres thereof) of the South 1/2 of the Southwest 1/4 of Section 20, Township 40 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois.

Property 6244 W Herderson
Chicago IL 60634

Return D: Wyszywki & Associates P.E.
2500 E. Denon, 575, 250
Des Phines IL 60018

trepared By: Alieja Stoke a Assoc. Pc. 7742 W. Higgins Rd. He-C102 CHIC460 In 60631